

**P-Patch Youth Program**

**Volunteer Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ day \_\_\_\_\_ evening

Alternate Phone: \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ other

Email Address: \_\_\_\_\_

I prefer \_\_\_\_\_ home phone \_\_\_\_\_ alt. phone \_\_\_\_\_ e-mail Best time to reach you: \_\_\_\_\_

Are you 18 or older? \_\_\_\_\_ Yes \_\_\_\_\_ No How did you hear about us? \_\_\_\_\_

**Emergency Contact**

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Availability**

When are you able to volunteer? Please state specific days of the week: \_\_\_\_\_

\_\_\_\_\_ Weekday mornings \_\_\_\_\_ Weekday afternoons

**Skills and Interests**

What are some skills or interests you'd like to share while volunteering?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conditions of Volunteer Participation and Release from Liability**

**Background Certification:** I authorize P-Patch Youth to contact the references named above for the purposes of determining an appropriate and satisfactory volunteer position for me. I certify that all of the information provided on this application is true and complete. I authorize P-Patch Youth to investigate and verify any and all of the information I have submitted. Because P-Patch Youth strives to provide a safe environment for children and youth, I understand that P-Patch Youth may order a criminal history check, and I authorize this investigation.

**Property Loss:** I understand P-Patch Youth is not responsible for my personal property lost, damaged or stolen while participating in P-Patch Youth volunteer activities.

**Medical Treatment:** I give permission for P-Patch Youth representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that P-Patch Youth is not responsible for payment for such medical treatment.

**Photograph Permission:** I give permission for P-Patch Youth to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret P-Patch Youth programs.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release P-Patch Youth, its agents, directors, consultants, and employees from all liability based on any damage, loss, or injury, whether it is the result of ordinary negligence or otherwise, caused to me from participation as a volunteer.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send your completed application to:

P-Patch Youth  
Att: Jaclyn Dagger